

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|---------|----------|
| FEE DETERMINATION | J. L. | | 7/9/99 |
| O.I.P.E. CLASSIFIER | | 57-1599 | |
| FORMALITY REVIEW | EVPS | 66793 | 07/20/99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

3610
 7/29/99

BEST AVAILABLE COPY

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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